

**APPENDIX B**

**KILLEEN INDEPENDENT SCHOOL DISTRICT  
STUDENT RANDOM DRUG TESTING CONSENT FORM FOR  
EXTRACURRICULAR ACTIVITIES OTHER THAN ATHLETICS**

The Student Random Drug Testing Policy is available via the Internet. It may be found at the KISD web site (killeenisd.org). Click on Students and Parents; Student Random Drug Testing Policy. If you do not have Internet access, or if you wish to have a hard copy of the Student Random Drug Testing Policy, you can request a copy directly from your student's Campus Drug Testing Coordinator.

**TO BE COMPLETED BY THE STUDENT**

I understand the KISD policy concerning student random drug testing for school year \_\_\_\_\_. I consent to being included in the group from which students may be randomly selected for drug testing.

Student Name (PRINT) \_\_\_\_\_ ID# \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN**

I am the parent or guardian of the above named student and understand the KISD policy concerning student random drug testing for school year \_\_\_\_\_. I give consent for my son/daughter to be included in the KISD student random drug testing. I further understand that if my child is 18 years old, my consent is not required.

**OPTIONAL (Providing the following information about prescriptions is optional)**

*Parent: If my child is taking a prescription medication on a regular basis, I have checked YES, below.*

YES \_\_\_\_\_ NO \_\_\_\_\_

*18 year old student: If I am taking a prescription medication on a regular basis, I have checked YES, below.*

YES \_\_\_\_\_ NO \_\_\_\_\_

**Signature of parent/guardian or 18 year old student consenting to random drug testing:**

\_\_\_\_\_ Date \_\_\_\_\_

**HIGH SCHOOL STUDENTS: Athletes: This form is to be used only if you have not completed the consent form given to you by your trainer or coach. Return signed form to your trainer. Students in other extracurricular activities: Return signed form to your Campus Drug Testing Coordinator at the beginning of the school year or to your activity sponsor if the activity begins practices in the summer before school starts.**

**MIDDLE SCHOOL STUDENTS: Athletes: This form is to be used only if you have not completed the consent form given to you by your trainer or coach. Return signed form to your coach. Students in other extracurricular activities: Return signed form to your Campus Drug Testing Coordinator at the beginning of the school year or to your activity sponsor if the activity begins practices in the summer before school starts.**